

TRINITY PRESCHOOL/PARENTS' MORNING OUT
903 Forest Avenue
Richmond, Virginia 23229

In case of an emergency, if neither parent nor emergency numbers listed on the information sheet can be reached, I assume all liability and give permission for medical treatment by rescue squad, physician, or hospital.

Child's Name _____

Parent's Signature _____

Date _____

Doctor's Name _____

Doctor's Phone Number _____

Address _____

Hospital _____

Is your child covered by medical insurance? ___yes___no

Insurance Company _____

Policy Number _____